### SUPERVISOR CHECKLIST FORM SUP 4

- □ Form MFT 1 Completed General Information
- □ Form SUP 5 Application for LMFT Supervisor
- □ Form SUP 6 Record of Supervision of Supervision
- □ \$50.00 non refundable application and approval fee

See application instructions for further details.

DO NOT SUBMIT AN INCOMPLETE APPLICATION

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED

## MFT 1 General Information Form

Alabama Board of Examiners in Marriage and Family Therapy P.O. Box 240066

P.O. Box 240066 Montgomery, AL 36124-0066 Phone: (334) 215-7233 Fax: (334) 215-7231

E-mail: <u>paula.scout@mft.alabama.gov</u>
Website: www.mft.state.al.us



Application for:	Marriage and Family TI Marriage and Family TI Permission to sit for the Licensed Marriage and Licensed Marriage and	herapy Associate ( e Marriage and Far l Family Therapist (	MFT Associate) mily Therapy (LMFT)
Name:			
Last	First		Middle/Maiden
<b>Social Security Numb</b>	ber:	Date of Birth:	
Gender: Male	Female		
Have you ever held a	n Alabama Professiona	al License Before?	? No Yes, as
follow(s):			
Name of Profession:			License #:
Name of Profession:			License #:
Name of Profession:			License #:
Work Mailing Addres	SS:	Home Mailing Ad	dress:
E-mail:		E-mail:	_
Street:			
City:			
State: Zip:			<u> </u>
County:		County:	
Telephone:		Telephone:	
Fax:			
Preferred Mailing Add ☐ Work ☐ Home	dress (The address listed	d here will be publi	c.):

# APPLICATION FOR LMFT SUPERVISOR DESIGNATION FORM SUP 5

Name:	LMFT License No						
<b>EDUCATION:</b> List courses or workshops taken as provided by professional organizations or institutions, recognized by the Board, which specifically address the theory, practice, and process of supervision.							
COURSE/WORKSHOP	DATE TAKEN	HOURS					
		Total Hours:					
of cou □ Yes □ No I have	ve enclosed official documentation indicating completion ourse work. ve enclosed my philosophy of supervision and a ervisory case study.						
PROFESSIONAL EMPLOYMENT EXPERIENCE: List in reverse chronological order (most recent first) all places of professional employment experience where you have had MFT and/or other supervision responsibilities. PLEASE SHOW MONTH AND YEAR FOR EACH. Use additional sheets if necessary.  1. Position: Phone:							
Organization:	Organization:						
Address:		1-					
Contact Person:	Dates of Employment:to						
<del></del>	Primary Responsibilities/Activities:						
# of hours providing 2. Position: Organization: Address: Dates of Employme Contact Person: Primary Responsibi	clinical services per week:_Pho	_to					
# of hours providing clinical services per week:							

## RECORD OF SUPERVISION OF SUPERVISION FORM SUP 6

#### TO BE COMPLETED BY THE SUPERVISOR OF SUPERVISION

Please complete this form and return it to the supervisor in training in a <u>sealed</u> <u>envelope with your signature across the seal.</u>

Applicant's Name:						
(Last)	(Fire	,	(Middle)			
Supervisor of Supervision's	Name:					
			(Middle)			
Supervisor of Supervision's	Address:					
		lress:Phone:				
Was a <u>Supervision of Super</u> the above Supervisor in Tra □ Yes □ No	vision Agreemer	nt SUP 11 file	ed with the ABEMFT for			
The above applicant has sur of supervision during the pe	ccessfully compl	etedt	hours of supervisior			
	(month) (y	rear)	(month) (year)			
Concurrent with this supervision to			hours of			
I have reviewed the applicar  □ Yes □ No	nt's Supervision	Philosophy S	Statement.			
I have reviewed the applican I certify that the applicant:	•	_				
<ul><li>is qualified and supervisor.</li></ul>	d competent to b	e a marriage	and family therapist			
•	and competent	to be a marr	age and family therapist			
If applicant is not qualified, precommendations for remed						
Supervisor of Supervision's Signa	uture	Date	<del></del>			